

REQUIRED

CC 16:2.4 Rev. 01/15
Neb. Ct. R. § 6-1443(A)(1)

**GUARDIAN/CONSERVATOR
GENERAL INFORMATION**

TO THE GUARDIAN/CONSERVATOR: This form is to provide the guardian/conservator's personal information for the court records and shall be kept confidential.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF

Case No. _____

CONFIDENTIAL

Ward/Incapacitated Person/Protected Person

**GUARDIAN/CONSERVATOR
GENERAL INFORMATION**

Guardianship: Conservatorship:

Your relationship to the ward/incapacitated person/protected person: _____

Your Full Name: _____
(Last) (First) (Middle) (Maiden)

Home Address: _____
(Street) (City) (State) (ZIP Code)

Business Address: _____
(Street) (City) (State) (ZIP Code)

Telephone No.: Home _____ Work _____ Cell _____

Employer: _____ Occupation: _____

Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ Driver's Lic-State: _____ # _____

Spouse Full Name: _____
(Last) (First) (Middle) (Maiden)

Business Address: _____
(Street) (City) (State) (ZIP Code)

Telephone No.: Home _____ Work _____ Cell _____

Email address: _____

Employer: _____ Occupation: _____

RELATIVES WHO WILL ALWAYS KNOW HOW TO CONTACT YOU:

Name: _____ Phone: _____

Email address: _____

Address: _____
(Street) (City) (State) (ZIP Code)

Name: _____ Phone: _____

Email address: _____

Address: _____
(Street) (City) (State) (ZIP Code)

Name: _____ Phone: _____

Email address: _____

Address: _____
(Street) (City) (State) (ZIP Code)

YOU MUST IMMEDIATELY NOTIFY THE COURT, IN WRITING, OF ANY CHANGE IN THE ABOVE INFORMATION.

I swear or affirm, **under the penalties of perjury**, that I have examined the Guardian/Conservator General Information, and to the best of my knowledge and belief, it is true, correct and complete.

Signature

Date _____

Name

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box

City/State/ZIP Code

Phone

E-mail Address